U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E nus		
1. File Number U - 2938	2. Fiscal Year Covered From:	
•	1/1/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name DANIEL LASKY	Name NATIONAL ORGANIZATION OF INDIANTICAL UNIT	
	Labor Organization File Number	
P.O. Box, Bldg., Room No., if any P.O. Box 880109	P.O. Box, Building and Room Number, if any	
Street	Street 148-06 Hillston Augus	
City Boca Ratoll	City Samorca	
State FLORIDA ZIP Code +4 324880109	State ZIP Code + 4 11 435	
5. Position in labor organization. President Emeritus Elect		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.0. Altioure.	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty o submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the second complete in the complete in the second complete in the	ying documents), has been examined by the signatory and is, to the best of the	

Signed

718-291-3434

Telephone Number

Name of Person Filing Daniel Lasky	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Darel Lasky Trade Name, if any: P.O. Box, Bldg., Room No., if any Q. C. Box 880109 Street City Boca Roton State Funda ZIP Code + 4 334880109	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Noith Insulable Trus way Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 148-06 Hills of Avenue City Jamaka State Ny ZIP Code + 4 11435	LONSULTING AGREEMENT BY PLAN ADMINISTRATISE 11.b. Approximate dollar value of such dealing. 271,663 12.a. Nature of interest held or income received. Consulting fees And expenses Paid on his behalf including Climbursed expenses while dealing. Lund business.			
C. Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.			
(including trade name, if any).				
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing Daniel Lasky		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Dance Lacky Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 880109 Street City Boca Raton	9. Business deals with: a. Labor Organiz b. Trust c. Employer	ation		
State - CURION ZIP Code + 4 33483-0109				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	aling.		
Name NOITU INDIVIOUR ACCOURT PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 148-06 Hillside Aug City SAMALLA State Ny ZIP Code +4 11435	11.b. Approximate dollar v		17969	
	12.b. Amount.		17964	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of paymen	<u>.</u>		
Name				
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4				
13 h le the Rusiness an Employer Carefullant	14.b. Amount of payme	ent.		
13.b. Is the Business an Employer or Consultant?	1		Į	

Name of Person Filing Daviel Lasky	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valuable tubstantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active? any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise	
R. Name and address of Business (including trade name, if any). Name Kochles & TSAACC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Go Bosoupy City New York State New York ZIP Code +4 Loog 6	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	11.a. Nature of such dealing.	
P.O. Box, Bldg., Room No., if any Street City	11.b. Approximate dollar value of such dealing. 10, 92.7 12.a. Nature of interest held or income received.	
State ZIP Code + 4	WINE BASKET	
	12.b. Amount. /50	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

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Name of Person Filing Daniel Lasky	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
	9. Business deals with: a. Labor Organization b. Trust c. Employer			
An Kalendari da la	11.a. Nature of such dealing.			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	LABOR ATTORNEY			
Street	11.b. Approximate dollar value of such dealing.	13.612		
City		13,012		
State ZIP Code + 4	12.a. Nature of interest held or income received. CHRISTMAS FRUIT BA	5K&5		
	12.b. Amount.	150		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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Name and address of Business (including trade name, if any). ame AHERIAN MEDIEAL & LIFE INS. Co. rade Name, if any: 2.0. Box, Bldg., Room No., if any Street 35 BREADWAY City HICKSVILLE State NY ZIP Code + 4 [180]	9. Business deals with: a. Labor Organization b. Trust c. Employer
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. INSURANCE BROKER 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Rauno of Gold
	12.b. Amount
C. Received from any employer (other than an employer covered u or from any labor relations consultant to an employer any payment of more	ney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
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Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.